ABSTRACT

BACKGROUND AND OBJECTIVES

Displaced talar fractures remain a therapeutic challenge for orthopaedic surgeons. According to the literature, these fractures are often associated with a high complication rate, including malunion, osteonecrosis or osteoarthritis

The operative treatment of such fractures seems to require a balance between an aggressive treatment with a strictly anatomical reduction and essential respect of soft tissues to limit skin complications or osteonecrosis.

Fractures of the talus are known to be relatively uncommon.Talus fractures comprise approximately 0.1 to 0.85 percent of all fractures . Most occur as a result of high-energy trauma, such as motor vehicle accidents . As a result, talus fractures are often accompanied by other injuries, including dislocation of adjacent joints and fracture of neighboring bones.However due to the relatively better diagnostic methods introduced more talar fractures have been recognized and it remains the second most common tarsal bone to get fractured after calcaneum.

METHODS

15 patients were selected in an age group of 15-60 years who suffered from closed talus fractures by either road traffic accidents or fall injuries.

After clerical evaluation and investigations, Xray and CT scan of ankle of patients were done. The patients underwent operative fixation of talus fracture by cancellous screw fixation and post operative immobilization were given.

Following discharge, patients were followed up at 3rd month , 6th month and 1 year and during each follow up serial xrays were taken anteroposterior,

lateral and mortise view of ankle joint. Clinical assessment of the ankle was done using Baird Jackson score, Olereud Mollander and AOFAS scoring.

RESULTS

5 of the 15 cases had signs of avascular necrosis in follow up xrays taken and there was clinical complaints of pain and inability to walk and undergo daily activities along with gait abnormalities.4 out of these 5 cases had joint incongruity and ankle joint pain and restriction of movement signifying arthritic changes. One case had non union seen at 3rd month post op xray and was advised and put on Below knee cast and immobilization for 8 weeks. In all cases cancellous screws were used as implant of choice and no implant related complications were found in any of the patients. There was no post operative skin infection or skin necrosis seen in any patients.

CONCLUSION

Open reduction and internal fixation is recommended for the treatment of displaced talar neck and/or body fractures. A delay in surgical fixation does not appear to affect the outcome, union, or prevalence of osteonecrosis, rather the type of fractures which might be indirectly influenced by the mechanism of injury provides a statistical significance.

KEYWORDS

Talus, talus neck fracture, cancellous screw, Baird Jackson score, Olereud Mollander score, AOFAS score, osteonecrosis